

## 114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY

### 114.3 CMR 8.00: OUTPATIENT TUBERCULOSIS CONTROL SERVICES

#### Section

8.01: General Provisions

8.02: Definitions

8.03: General Rate Provisions

8.04: Severability

#### 8.01: General Provisions

(1) Scope Purpose and Effective Date. 114.3 CMR 8.00 shall govern the determination of rates of payment to be used by all governmental units, in making payments to eligible providers which provide outpatient tuberculosis control services to publicly-aided individuals. 114.3 CMR 8.00 shall be effective as of July 1, 2004. Rates set forth in 114.3 CMR 8.00 also apply to individuals covered by the Worker's Compensation Act, M.G.L.c.152.

(2) Disclaimer of Authorization of Services. 114.3 CMR 8.00 is not authorization for or approval of the procedures for which rates are determined pursuant to 114.3 CMR 8.00. Governmental units that purchase care are responsible for the definition, authorization, and approval of care and services extended to publicly-aided clients.

(3) Authority. 114.3 CMR 8.00 is adopted pursuant to M.G.L. c.118G.

#### 8.02: Definitions

Meaning of Terms. Terms used in 114.3 CMR 8.00, unless the context requires others, shall have the following meanings:

Clinic Visits Level A1, A2 and B. Outpatient clinic visits for medical evaluation, treatment or diagnostic supervision for persons with suspected, active, healed tuberculosis, or for persons with tuberculosis infection operated in accordance with the standards established by the federal Centers for Disease Control and Prevention and the American Thoracic Society and the policies and protocols of the purchasing agent.

a) Level A1 clinic visits provide medical assessment, examination and/or consultation by a clinic physician and include chest X-ray, frontal and lateral views.

b) Level A2 clinic visits provide medical assessment, examination and/or consultation by a clinic physician and do not include chest X-ray.

c) Level B clinic visits apply to outpatient visits not routinely requiring examination or consultation by the clinic physician, for nursing follow-up of chemoprophylaxis prescribed by a physician. Level B visits may include medically authorized directly observed therapy (DOT) or supervised treatment to a patient with diagnosed tuberculosis in the home, work

### 114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY

place, or other mutually agreeable location subject to prior approval by the purchasing agent.

Division. The Division of Health Care Finance and Policy established under M.G.L.c.118G, formerly the Rate Setting Commission.

Eligible Provider. Any provider which has an agreement with a governmental unit for providing outpatient tuberculosis control services for publicly-aided individuals.

Governmental Unit. The Commonwealth of Massachusetts and any department, division, agency, board, or political subdivision of the Commonwealth.

Publicly Aided Individual. A person who receives health care and services for which a governmental unit is in whole or part liable under a statutory program of public assistance.

#### 8.03: General Rate Provisions

(1) Services Included in the Rate. The approved rate shall include payment for all care and services that are part of the TB treatment standards established and subject only to the terms of the purchase agreement between the eligible provider and the purchasing governmental unit.

(2) Reimbursement as Full Payment. Each eligible provider shall, as a condition of acceptance of payment made by the purchasing governmental unit for services rendered, accept the approved program rate as full payment and discharge of all obligations for the services rendered. Any third party payments received on behalf of a publicly assisted client shall reduce, by that amount, the amount of the purchasing governmental unit's obligation for services rendered to the publicly assisted client.

(3) Payment Limitation. Except as provided in 114.3 CMR 8.03 (2), no purchasing governmental unit may pay less than, or more than, the approved program rate.

(4) Approved Program Rates. The rate of payment for authorized services shall be the rate listed below:

Service Code	Rate	Clinic Visit	Unit
X0250	\$83.97	A1	per visit
X0251	\$57.34	A2	per visit
X0252	\$17.46	B	per visit

#### 8.04: Severability

The provisions of 114.3 CMR 8.00 are hereby declared severable, and if any provision of 114.3 CMR 8.00 or application of such provision to any eligible provider or any circumstances

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY

shall be held to be invalid or unconstitutional, such invalidity shall not be construed to affect the validity or constitutionality of any remaining provisions of 114.3 CMR 8.00 or the application of such provisions to eligible providers or circumstances other than those held invalid.

REGULATORY AUTHORITY

114.3 CMR 8.00: M.G.L. c.118G.